MEDICAL EXAMINATION FOR VISA APPLICANTS

At the request of the Philippine Embassy, Berlin, Germany, I certify that on the ______ day of ________________, 20____ at ____________________ I examined:

__________________________________________________________________________
(First Name) (Middle Name) (Surname)

______ (Age) ________ (Sex) ________________ (Citizenship) and that under the Philippine Immigration Regulations, the applicant should be classified as follows (check the appropriate class):

A. Idiots, insane person, person who had been insane, person afflicted with epilepsy or loathsome or dangerous contagious disease such as: tuberculosis, venereal disease, trachoma, ringworm of scalp, nail or beard, actinomycosis, favus blastomycosis, mycetoma, leprosy, yaws, amebiasis, leishmaniasis, filariasis, schistosomiasis, paragonomiasis.

B. If not Class A: Persons having diseases or defects that will impair their ability to earn a living as to make them likely to be a public charge.

C. Persons having diseases or defects that do not come under Class A or B.

D. Not physically or mentally defective or diseased.

MEDICAL RECORD

1. Pertinent health information (Medical History):

2. Significant findings on physical examination:

3. Laboratory examinations (ATTACH LABORATORY RESULTS):
   - A. Stool
   - B. Urine
   - C. Blood Khan
   - D. Other examination indicated

4. CHEST X-RAY REPORT

5. REMARKS

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(Name and Signature of Examiner)  (Hospital)